

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/							51			
2		/						52			
3			/					53			
4			/					54			
5			/					55			
6			/					56			
7			/					57			
8			/					58			
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43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	2							TOTAL IND.			
TOTAL DEP.		19						TOTAL DEP.			
TOTAL CLAIMS	2							TOTAL CLAIMS			